11-7-2013

Physicians, Patients, and Facebook: Could you? Would you? Should you?

Joy Peluchette

Katherine Karl

Alberto Coustasse
Marshall University, coustassehen@marshall.edu

Recommended Citation

Peluchette, J., Karl, K., & Coustasse, A. Physicians, Patients, and Facebook: Could you? Would you? Should you? Southern Management Association Annual Meeting. New Orleans, Louisiana. 7 Nov 2013.

Physicians, Patients, and Facebook: Could you? Would you? Should you?

Joy V. Peluchette
Lindenwood University

Katherine A. Karl
University of Tennessee at Chattanooga

Alberto Coustasse
Marshall University

Author Note

Joy V. Peluchette is at the School of Business & Entrepreneurship, Lindenwood University.

Correspondence concerning this article should be addressed to Joy Peluchette, School of Business & Entrepreneurship, Lindenwood University, 209 South Kingshighway, St. Charles, MO 63301. Contact: jpeluchette@lindenwood.edu

Abstract

This paper investigates the opinions of physicians and patients regarding the use of Facebook to communicate with one another about health-related issues. We analyzed 290 comments posted on online discussion boards and found that most (51.7%) were opposed to physicians being Facebook "friends" with patients and many (42%) were opposed to physicians having any kind of Facebook presence. The primary reasons for this opposition were concerns about privacy and the need to maintain professional boundaries in the physician-patient relationship. Others expressed concerns about HIPAA violations. Some believed it was acceptable for physicians to use Facebook as long as they were careful and professional and that health care organizations should have a social media policy or code of conduct, as well as provide social media training. Many proponents of physicians using Facebook mentioned that Facebook could be a useful business tool for marketing, sharing information and making communication between physicians and patients easier. We conclude with suggestions for how healthcare administrators can provide assistance to physicians and effectively manage their social media presence.

Key Words: Facebook, social media, physicians, patients, privacy

Physicians, Patients, and Facebook: Could you? Would you? Should you?

Over the last five years, the use of social media has exploded around the world through sites such as Facebook, YouTube, Twitter, and blogs. Recognizing that such forums provide opportunities for marketing and increased communication with patients, a number of healthcare providers have established a social media presence. However, when compared to other industries, healthcare has been among the slowest to embrace or integrate information technology and social media (Hawn, 2009; Kim 2012). This is primarily due to concerns about protecting patient privacy and online violations of professionalism by physicians (Guseh, Brendel, & Brendel, 2009; Lagu & Greyson, 2011; MacDonald, Sohn, & Ellis, 2010). Although a number of medical associations have developed guidelines on professionalism and social media use for physicians and medical students (e.g., the American Medical Association's Policy entitled "Professionalism in the Use of Social Media", 2010), it has been argued that, due to the complexity of the healthcare environment, healthcare organizations need to provide greater assistance to physicians in effectively implementing these guidelines.

The purpose of our research was to outline the potential benefits that healthcare organizations and physicians could gain from engaging in social media ("could you?") and the possible risks for participating in such forums ("should you?"). We then show how physicians and healthcare organizations are actually using social media ("would you?") and, in an effort to triangulate these questions, we examine online discussion boards to determine how physicians, patients, and the general public feel about interfacing with one another about health-related issues via Facebook. Finally, we conclude with suggestions for how healthcare administrators can effectively manage their social media presence and provide assistance to physicians in utilizing these forums.

Literature Review

Could You?

With the proliferation of social media, there appears to be no question that such forums offer substantial opportunities for the healthcare industry. Healthcare organizations are facing increasing pressure to improve quality and cut costs while at the same time, enhance patient satisfaction (Sidhu, 2012). Since more consumers of healthcare services are turning to social media to gather information and share experiences, these forums provide an inexpensive way for healthcare organizations to communicate with both the general public and potential patients to build trust, promote the management of health and wellness, and disseminate knowledge (Eytan, Benabio, Golla, Parikh, & Stein, 2011; Thielst, 2011).

Probably the most widely discussed benefit of social media to the healthcare industry is patient engagement. The main appeal of such forums is the ability to have an immediate two-way conversation with healthcare providers and to gain information or share stories with fellow patients, as opposed to a website that only states information. For example, "Hello Health" is an online community that allows physicians to communicate with and provide care to patients who have elected to participate (Hawn, 2009). At Georgia Health Services University, patients can use "Web View" to communicate with their physician or access lab reports, request prescription refills, and have questions answered (Chauhan, George, & Coffin, 2012). Evidence indicates that both physicians and patients have responded positively to this increased accessibility (Kim, 2012).

It is important to note that some social media forums have been developed to primarily cater to patient-patient communication, such as PatientsLikeMe.com, which allows patients to share information about certain diseases or concerns. Other sites, like SERMO.com or Doximity.com, are accessible only to physicians and create a supportive environment where they

can consult with one another, share information across subspecialties, and receive postings from other organizations such as the Centers for Disease Control and Prevention (CDC) (Chauhan, et al., 2012; Mearian, 2012). In addition to patient staff engagement, healthcare organizations can utilize social media to better meet consumer expectations by providing patients with an easy method of making, re-scheduling, or being reminded of appointments.

Such forums are also helpful in disseminating information to the general public as part of the mission of enhancing public health or to target specific segments of the population. For example, Intermountain Healthcare uses videos, Twitter, games, and an app to target youth who meet lifestyle recommendations for improved nutrition and activity to combat childhood obesity across several states in the western U.S., whereas other hospitals are using interactive quizzes to test consumer knowledge on such issues of diabetes, cardiovascular health, and handling snake bites ((Thielst, 2011). Social media can also be used to involve the public in community outreach events, such as a bicycle safety day for children, through blogs or social networking sites that parents use (Eckler, Worsowicz, & Rayburn, 2010). Some physicians are also utilizing social media to educate the public about self-management of their health, whereas others are using e-mail blasts to groups of patients with similar conditions as a means of preventive healthcare (Freidman, 2012).

Social media also has the added benefit as tools for communication in crisis situations. A recent online survey by the American Red Cross (ARC) indicated that the U.S. public has high expectations about its ability to use social media in the event of a crisis. Of the 1,058 adult respondents, 70 percent stated they expected emergency responders to monitor social media sites to be able to send help where needed. Providers can also use social media to communicate their

availability/readiness to aid in a disaster situation and coordinate their efforts through the ARC or the Federal Emergency and Management Agency (FEMA) (Eckler, et al., 2010).

Another useful feature of social media is that it allows organizations to market their brand and enhance public relations (Sidhu, 2012). Likewise, hospitals can use social media to publicize a physician or practice within the lay or medical communities (Eckler, et al., 2010). Such efforts not only strengthen the reputation and good will associated with a healthcare provider but also help build trust in the medical profession in general. Social media allows for "positive network effects" whereby positive messages can be posted but then are shared among users in an exponential fashion, increasing the value of the network to participants. For example, a Twitter posting of Kaiser Permanente's electronic health record collaboration with the Department of Veteran Affairs had an audience of hundreds expanded to an audience of 75,000 within 48 hours, with 92 percent of the reach extended by individuals not associated with the company (Eytan, et al., 2011). Overall, social media offers many potential benefits to providers and healthcare organizations, but there also some risks.

Should You?

While social media offer significant benefits to healthcare providers, it also involves some potential risks and raises questions about how healthcare providers should use social media. One of the biggest risks in healthcare is privacy breaches of patient information. There is the need to comply with the Health Insurance Portability and Accountability Act (HIPAA) guidelines which have strict standards for patient confidentiality, making the use of social media more cumbersome for those who want to manage their HIPAA compliance efficiently (U.S. Department of Health & Human Services, 2013). For example, even if a patient consents to have his or her medical information distributed outside the hospital system (e.g. over social media), there is a need to archive such communication as part of the medical record if it is used to make

medical decisions. The time and cost associated with this deter some physicians from using social media (Hawn, 2009). Although some breaches of patient privacy have been unintentional, medical professionals are legally liable if they discuss patient cases in a public setting, whether physical or virtual (Mearian, 2012). For example, an emergency room physician was fired from Westerly Hospital and reprimanded by the Rhode Island State Board for posting comments about a patient on Facebook. Even though the patient's name was not used, there was sufficient detail included to make the patient identifiable to others (Chauhan, et al., 2012).

Another concern is the issue of online violations of professionalism. Social media forums can create a false sense of privacy and anonymity for users. Once posted, information can spread quickly and not all content is under a user's control. Methods for putting privacy settings in place may be difficult for those who are not technically savvy (Lagu & Greysen, 2011). Most violations have resulted in disciplinary actions and involved medical students or young physicians who have posted evidence of substance abuse, sexually explicit material, use of inappropriate language, discriminatory language, and abuse of prescribing privileges (Greysen, Kind, & Chretien, 2011). Even though U.S. medical schools now include "e-professionalism" as part of medical training and most hospitals and medical associations have established policies for online professionalism, it continues to be an issue (Osman, Wardle, & Caesar, 2012).

Linked to professionalism is the concern that social networking makes it difficult to safeguard therapeutic or professional boundaries in the physician-patient relationship (Ginory, Sabatier, & Eth, 2012; Guseh, et al., 2009). Such boundaries help maintain a standard of care that prioritizes the therapeutic interests of the patient. While a small amount of personal information may be shared by a physician when chatting during a face-to-face clinical visit,

online forums allow for a much broader exchange of information, including pictures and comments by others. Thus, there is a risk that, when engaging in online relationships with patients and disclosing more personal information about themselves, physicians no longer prioritize a patient's interests. There is also the question of boundaries when a physician becomes privy to information not intended for them via social networking or when the patient becomes aware of personal information about the physician (Guseh, et al., 2009; Wiener, Crum, Grady, & Merchant, 2012). Should the physician discuss this information during an office visit and risk damaging the therapeutic relationship? Or should the physician document the information in the patient's medical file, possibly risking an insurance claim? These situations present ongoing challenges for providers and their professional associations.

There are other concerns surrounding health providers' use of social media. Since social networking transcends geographic boundaries, legal questions have been raised about healthcare efforts that cross state boundaries and violate licensing practices. For example, a social networking site of physicians and patients (AmericanWell.com) won a contract with the state of Hawaii to provide medical advice via video conferencing between primary care physicians in the continental U.S. to patients in remote parts of Hawaii. This presented problems since medical licensing is done by state and many of the physicians were not licensed to provide medical care in the state of Hawaii (Hawn, 2009). Also, what would be the liability of telemedicine (i.e., a physician misdiagnosis online or via video)? Another concern is whether patients will misinterpret a physician's advice that is provided online and/or whether online advice replaces more traditional efforts patients would use to seek regular medical attention (such as yearly physicals) or takes away from the time that a physician might spend with a patient in face-to-face communication (Eckler, et al., 2010). Additional questions have been raised with regard to

compensation. Should physicians be compensated for the time that they are spending interacting and advising patients online? In turn, how do these online interactions impact third-party payers who must determine the quality and quantity of time spent with patients and pay physicians accordingly? ("Should doctors be paid to use social media", 2013). Some of these legal and ethical risks continue to be problems despite the existence of social media policies in many health organizations.

Would You?

The issue of social media has generated discussion in the medical arena about how physicians are actually using Facebook for communicating with patients via social media, particularly given the concerns for patient privacy (Essary, 2011). To date, there is little empirical evidence of how physicians are using social media, in particular Facebook, and how they are handling their interactions with patients. One study by MacDonald, et al. (2010) examined Facebook use of 220 young physicians in New Zealand by analyzing data on their Facebook profiles. They found 40 percent did not use privacy settings and revealed personal information which could negatively impact a physician-patient relationship. Probably one of the more insightful studies of how physicians are using Facebook and handling friend requests involved 202 residents and fellows at a university hospital in France (Moubarak, Guiot, Benhanou, Benhamou, & Hariri, 2011). Findings show that 73 percent had a Facebook profile and over 90 percent displayed personal information. With regard to friend requests from patients, 85 percent of the physicians indicated that they would automatically decline the request and 15 percent said that they would handle on a case-by-case basis. Finally, 48 percent indicated that they believed the physician-patient relationship would change if the patient knew that the physician had a Facebook profile but 76 percent thought that this would happen only if the patient had open access to the profile.

With regard to patients' opinions regarding physicians and Facebook, a national telephone survey conducted by Capstrat, a communications agency in North Carolina, found that 84 percent said they would not use social media to communicate with their physicians if given the opportunity to do so ("Patients don't want to use social media to contact their doctors", 2012). While age differences were found, even Millennials, also known as the "digital generation" (those with ages 18 to 29), were not as interested as one might expect with only 43 percent interested in communicating via social media. While this study and those described above have improved our understanding of how physicians and patients feel about communicating via social media, they do not provide any insight as to why physicians and patients are opposed to communicating via social media. The following section discusses our efforts to address this void.

Method

Data Collection and Sample

We searched the internet for online discussion boards using the following search terms: physicians, patients, "friending" and Facebook. Thirty seven discussion boards were identified. These discussion boards dealt with one of two issues: (1) should physicians use social media (e.g., Facebook, Twitter)? or (2) should physicians and patients be friends on Facebook? All of the posts made on these boards were included in the analysis. If a contributor made more than one post, his or her posts were combined and counted as one contribution. This resulted in a total of 349 contributors. Ninety one of the contributors identified themselves as physicians, four were medical students, 71 were patients, and not enough information was given for the remaining 183 to identify them as physicians or patients.

Data Analysis

Two evaluators used qualitative content analysis to analyze the data, reading through all comments to identify themes. Eleven themes were identified. Next, both evaluators independently coded each of the contributor's comments and, when completed, compared their codes. Any differences in the codes used were discussed and agreement was reached in all cases. Codes were then entered into an SPSS file for descriptive analysis (Statistical Package for the Social Sciences (SPSS) Version 20 was utilized for analysis of study data). Only those comments that directly addressed either of our two research questions (i.e., should physicians use social media and should physicians and patients be "friends" on Facebook?) were included in our analysis. After eliminating 58 comments which did not meet our selection criteria, our final sample (N=290) consisted of 84 physicians or medical students, 59 patients, and 143 that did not identify themselves as either (general public). Sixty-one percent (N=178) of the respondents focused their comments specifically on the issue of physicians and patients being Facebook "friends" and the remaining 39 percent (N = 112) commented on the more general issue of physicians using Facebook or having a Facebook profile.

Because contributors' comments were gathered from open online discussion boards, they were regarded as being in the public domain. Even so, it is considered good practice to take precautions to maintain the anonymity of contributions from open online discussion boards by not naming the websites used, using pseudonyms rather than user identities, and not using verbatim quotes (Rodham & Gavin, 2006). Although it is common practice in qualitative research to use direct quotes to show precise meanings, doing so with internet discussion boards makes it possible to trace an individual's identity by searching for the quoted phrase. Thus, key phrases or expressions were kept intact to maintain the meaning and intent of posted comments,

but minor changes were made to "filler" words, some abbreviations were removed, and spelling errors were corrected.

Results

Our analysis of the 290 comments revealed that most (42%, N = 122) were opposed to physicians using Facebook. Of the remaining comments, 30 percent (N = 87) supported physicians using Facebook, 21 percent (N = 61) provided mixed responses, and 20 contributors did not provide enough information to determine their position. A chi square analysis comparing the responses of physicians and patients revealed no significant differences [χ^2 (2, N = 134) = 2.20, p = .33], that is physicians were no more likely than patients to support or oppose physicians using Facebook. Common themes or reasons given as to why physicians should or should not use Facebook are shown in Table 1.

Insert Tables 1 and 2 about here

Most of the comments included more than one theme, thus the total exceeds 100 percent. In addition, many themes were present in all types of responses. For example, those in favor of physicians using Facebook mentioned privacy and boundaries, as did those who were against, and those with mixed responses. A chi square analysis comparing the themes mentioned by physicians and patients revealed only one significant difference. Physicians were more likely than patients to mention the unethical or legal implications of physicians using Facebook [χ^2 (2, N = 143) = 8.78, p <.002]. More specifically 26% of physicians mentioned the unethical or legal implications (N=22), and only 6.8% of patients did so (N=4). Examples of comments for all 10 themes are shown in Table 2.

The two most common themes were separation/boundaries and privacy (mentioned by 45.2% and 32.1% of contributors, respectively). Within the separation/boundaries theme, we identified several subcategories. For example, some thought it would be acceptable for physicians to be on Facebook as long as they had separate profiles, one personal and one professional (N = 18). Others thought physicians should have a professional profile only (N = 17), and others thought physicians should have a personal profile only and use it only for friends or family (N = 9). Still others asserted that separating one's personal and professional life was not always possible, especially in small towns (N = 5). Similarly, some stated that Facebook today is similar to the house calls of yesterday (N=2). While most comments under the privacy theme focused on the importance of maintaining the privacy of the physician or the patient, some contributors believed it was appropriate for physicians to be on Facebook as long as they use privacy settings and limit what patients or others can see.

Another common theme (mentioned by 21.7% of contributors) focused on legal or ethical issues. In particular, 12 contributors referred to HIPAA violations. Many contributors thought it was unprofessional for physicians to have a Facebook profile (16.2%). In contrast, a smaller proportion (6.9%) held the opposite opinion, stressing that physicians "are people too" and should not be banned from Facebook. Others believed it was acceptable for physicians to use Facebook as long as they were careful and professional regarding what was posted (11%). Several contributors also mentioned that Facebook could be a useful business tool for a healthcare organization, making communication between physicians and patients much easier (12.8%), useful for marketing (N = 16), and/or sharing information (N = 25). Some of those against physicians using Facebook believed that an interactive website would be more appropriate (N=8). One final theme we identified was the need for health care organizations to

have a social media policy or code of conduct, as well as social media training (4.8%). See Table 2 for sample comments.

Because many of the discussion boards and contributions (N=178) focused specifically on the issue of whether it was appropriate for physicians and patients to be Facebook "friends", we examined these comments separately. Our analysis of these 178 comments revealed that 28.7 percent (N = 51) of the contributions were made by physicians, 21.9 percent (N = 39) were made by patients, and for the remaining 49.4 percent (N = 88), it was not possible to determine whether they were physicians or patients. Our analysis also revealed that most (51.7%, N = 92) were opposed to physicians being Facebook "friends" with patients, 27.5 percent (N = 49) were supportive, 16.9 percent (N = 30) provided mixed responses, and the remaining 7 contributors did not provide enough information to determine their position. A chi square analysis comparing the responses of physicians and patients revealed no significant differences [χ^2 (2, N = 85) = 3.91, p = .14], that is physicians were no more likely than patients to support or oppose physicians being Facebook "friends" with patients. In this subset of comments, 7 themes were identified as shown in Table 1. Similar to the larger sample, the theme of separation or boundaries was the most common (mentioned by 53.4% of contributors), followed by a concern for privacy (mentioned by 26.4% of contributors). Two additional themes we identified were that physicians "friending" or accepting friend requests from patients would be unprofessional (17.4%) and unethical or illegal (e.g., HIPAA; 16.8%). A chi square analysis comparing the comments of physicians and patients revealed no significant differences in the types of themes that were mentioned. Sample comments are included in Table 3.

Insert Table 3 about here

Discussion

Despite the burgeoning literature purporting the benefits of using social media in healthcare (e.g., *Bringing the Social Media Revolution to Health Care* by Mayo Clinic Center for Social Media, 2012), our findings show that there is still considerable resistance among both physicians and patients as to the use of Facebook for such purposes. Given these findings, we suggest that healthcare organizations discourage physicians from "friending" patients on Facebook since it may allow either party access to personal information that could harm the therapeutic relationship. Even if physicians utilize privacy settings on their Facebook profiles, there is no guarantee that patients are taking the same precautions. Although it has been suggested that physicians create separate professional Facebook pages for marketing and posting health information (Friedman, 2012; Ofri, 2011), we believe that this could create confusion and still prompt friend requests from patients, thereby allowing physicians to have access to patients' personal information that may be inappropriate. While we recognize that Facebook is one of the most popular social media platforms, we encourage healthcare providers to seek other forms of social media (such as Twitter, blogs) to engage with current and potential patients until some of the privacy issues with Facebook have been more effectively addressed.

Implications

For healthcare providers, the key in utilizing social media is to strike a balance that allows one to harness the collaborative and innovative advantages of an online presence while avoiding the risks to patient privacy and workplace productivity. Those who do not pursue the use of social media as part of their business are missing opportunities to engage current patients and attract new ones. However, it is likely that not all patients and physicians are comfortable communicating via social media. As is true with resistance to other forms of new technology

(Brosnan, 1998), this may be due, in part, to lack of knowledge about the potential benefits of social media. We see this as an opportunity for healthcare organizations to better inform physicians about using social media to more fully engage patients. In addition, physicians could be challenged to do a better job of mentoring each other. Younger physicians may be more comfortable with using social media but they could benefit from mentoring by senior physicians on the importance of professionalism (Chauhan, et al., 2012). Similarly, patients may be wary about using social media for communicating with physicians, offering healthcare providers a similar opportunity to inform patients about forums that are both useful and appropriate means of engaging with healthcare professionals. Instead of waiting for patients to seek out information, healthcare providers should be proactive in providing patients with opportunities for using social media as part of their healthcare experience. Since research has shown that users are more likely to use social media if they think it is useful and trustworthy (Braun, 2013), it is important that patients find that using social media is worthwhile and that the healthcare providers' actions are seen as genuine efforts of engagement, not a public relations tactic (Thielst, 2011).

The benefits of using social media are only possible if it is used in a responsible way. Placing an outright ban on its use in the healthcare workplace sends a negative message to current employees and potential job candidates and often encourages the online behaviors that healthcare organizations are trying to avoid (Boerner, 2012; Weider, 2009a). To minimize the risks associated with social media, it is important that healthcare organizations develop a social media policy and provide education/training. Establishing social media guidelines can be time-consuming since it requires legal guidance and widespread participation from all levels of the organization. However, Weider (2009a) argues that it is worth taking the time to ensure that the

policy is comprehensive and to get buy-in from managers who will be critical in its implementation.

Evidence indicates that most healthcare organizations are now operating under some general social media policy but some are seen as more effective than others (Boerner, 2012). It is important that employees be able to understand it. A good example is Ministry Health Care and Affinity Systems which posted two versions of their social media policy to the organization's website—the legal version and another version in "plain English" for employee guidance (Mueller, 2011). It is also suggested that the language in the policy be very precise but at the same time, employee friendly (Weider, 2009a). In other words, the language should encourage employees to use social media and provide examples of particular sites but to access it responsibly so that it does not jeopardize patient care or privacy.

Once developed, the policy should be effectively communicated to all employees through in-service training and as part of new employee orientations (Boerner, 2012; Weidner, 2009b). The policy should also be viewed as a living document, requiring frequent updating as technology and legal issues evolve. As stated by the Chief Information Officer of Ministry Healthcare and Affinity Health Systems, "Education of staff is the greatest value of the process. If you simply post the policy to use for enforcement, you have missed out. Employees need to understand how your organization's rules apply to the new online world." (Weidner, 2009a, p. 1). The Mayo Clinic has taken this effort a step further by investing a large amount of resources into classroom and online modules about social media issues through its Center of Social Media (Mayo Clinic Center for Social Media, 2012). While we believe that other healthcare organizations could achieve similar success with well-designed training programs on a smaller scale.

Limitations

Because contributors to online discussion boards are not required to provide personal information, we were not able to determine whether a large segment of our respondents were either physicians or patients, nor did we have potentially important demographic characteristics including gender, race, socioeconomic status, and age. Given that younger adults are more likely to utilize social networks and blogs for healthcare information (Chou, Hunt, Beckjord, Moser & Hesse, 2009), it is likely those who participate in online discussion boards are also relatively young and thus, not representative of the general population. Moreover, given past research showing that younger workers are more likely than older workers to believe that social media is valuable in getting work done more effectively and for learning truly useful things (Patel, 2010), it is possible that older physicians and patients may be less inclined to communicate with one another via social media. Future research examining age differences in resistance to social media use for doctor-patient communications is needed.

Conclusion

Clearly, social media presents healthcare organizations with many opportunities but we believe that there are both legal and ethical risks which warrant the implementation of social media policies and training. Healthcare organizations need to take proactive steps to minimize both physician and patient resistance to using social media for healthcare purposes. We hope that this paper will prompt future studies about physician use of social media and, more importantly, patient reactions to the use of such forums in the healthcare arena.

References

American Medical Association (2010). *AMA policy: Professionalism in the use of social media*. Retrieved April 15, 2013 at: www.ama-assn.org/resources/doc/code-medical-ethics/9124a.pdf

Boerner, H. (2012). Smart social media policy for healthcare. *Workforce Management*, posted April 16, 2012. Retrieved on April 12, 2013 at http://hiring.monster.com/hr/hr-best-practices/workforce-management/improving-employee-relations.aspx.

Braun M. (2013). Obstacles to social networking website use among older adults. *Computers in Human Behavior*, *29*(3), 673-680. doi:10.1016/j.chb.2012.12.004

Brosnan, M. (1998). *Technophobia: The psychological impact of information technology*. London: Routledge.

Chauhan, B., George, R., & Coffin, J. (2012). Social media and you: What every physician needs to know. *Journal of Medical Practice Management*, *28*(3), 206-209. Retrieved at http://www.ncbi.nlm.nih.gov/pubmed/23373164

Chou, W.Y., Hunt, Y.M., Beckjord, E. B., Moser, R. P. & Hesse, B. W. (2009). Social media use in the United States: Implications for health communication. *Journal of Medical Internet Research*, *11*(4), e48. doi:10.2196/jmir.1249

Eckler, P., Worsowicz, & Rayburn, J. (2010). Social media and health care: An overview. *American Academy of Physical Medicine and Rehabilitation*, *2*, November, 1046-1050. doi:10.1016/j.pmr.2010.09.005

Essary, A. (2011). The impact of social media and technology on professionalism in medical eduation. *Journal of Physician Assistant Education*, *22*(4), 50-53. Retrieved at http://www.paeaonline.org/index.php?ht=action/GetDocumentAction/i/133346

Eytan, T., Benabio, J., Golla, V., Parikh, R., & Stein, S. (2011). Social median and the health system. *The Permanente Journal*, *15*(1), 71-74. Retrieved at http://www.thepermanentejournal.org/issues/2011/winter/445-social-media-and-the-health-system.html

Freidman, M. (2012). Are you using social media to build your practice? Patient trends and healthcare changes give new value to online presence. *Journal of Medical Practice Management*, *28*(2), 150-152. Retrieved at http://www.ncbi.nlm.nih.gov/pubmed/23167037

Ginory, A., Sabatier, L., & Eth, S. (2012). Addressing therapeutic boundaries in social networking. *Psychiatry*, *75*(1), 40-48. doi:10.1521/psyc.2012.75.1.40

Greysen, S., Kind, T., & Chretien, K. (2010). Online professionalism and the mirror of social media. *Journal of General Internal Medicine*, *25*(11), 1227-1229. doi:10.1007/s11606-010-1447-1

Guseh, J., Brendel, R., & Brendel, D. (2009). Medical professionalism in the age of online social networking. *Journal of Medical Ethics*, *35*, 584-586. doi:10.1136/jme.2009.029231

Hawn, C. (2009). Take two aspirin and tweet me in the morning: How Twitter, Facebook, and other social media are reshaping health care. *Health Affairs*, *28*(2), 361-368. doi:10.137/hlthaff.28.2.361

Kim, D. (2012). Harness social media, enhance your practice. *Contemporary OB/Gyn.* Posted July 1. Retrieved at http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/modernmedicine/modern-medicine-now/how-social-media-can-enhance-your-practice

Lagu, T. & Greyson, S. (2011). Physician, monitor thyself: Professionalism and accountability in the use of social media. *The Journal of Clinical Ethics*, *22*(2), 187-190. Retrieved at http://www.ncbi.nlm.nih.gov/pubmed/21837893

MacDonald, J., Sohn, S., & Ellis, P. (2010). Privacy, professionalism, and Facebook: A dilemma for young doctors. *Medical Education*, *44*, 805-813. doi:10.1111/j.1365-2923.03720.x

Mayo Clinic Center for Social Media (2012). *Bringing the Social Media Revolution to Health Care*. Rochester MN: Mayo Foundation for Medical Education & Research. Retrieved on April 12, 2013 at http://network.socialmedia.mayoclinic.org/mccsm/

Mearian, L. (2012). Facebook and physicians: Not good medicine. Posted on April 17, 2010. Retrieved on January 10, 2013 at http://www.computerworld.com/s/article/9227180/Facebook_and_physicians_Not_good_medicine_?taxonomyld=169&pageNumber=1

Moubarak, G., Guiot, A., Benhamou, Y., Benhamou, A., & Haririr, S. (2011). Facebook activity of residents and fellow and its impact on the doctor-patient relationship. *Journal of Medical Ethics*, *37*, 101-104. doi:10.1136/jme.2010.036293

Mueller, A. (2011). 5 health care social policies you should read. Posted on May 23, 2011. Retrieved on April 12, 2013 at http://www.healthcarecommunication.com/Main/Articles/5_health_care_social_media_policies_you_should_rea_6847.aspx#

Ofri, D. (2011). Should your doctor be on Facebook? Posted on April 28, 2011. Retrieved on July 25, 2013 at http://well.blogs.nytimes.com/2011/04/28/should-your-doctor-be-on-facebook/?_r=0.

Osman, A., Wardle, A., & Caesar, R. (2012). Online professionalism and Facebook – Falling through the generation gap. *Medical Teacher*, *34*, 549-556. doi:10.3109/0142159X.2012.668624

Patel, L. (2010). The rise of social media. *T+D*, *64*(7), 60-61. Retrieved at http://ezproxy.marshall.edu:2472/login.aspx?direct=true&db=aph&AN=52106239&site=ehose-live

Patients don't want to use social media to contact their doctors (2011). *Contemporary OB/GYN*, *56*(6), 24. Retrieved at http://contemporaryobgyn.modernmedicine.com/contemporary-obgyn/news/modernmedicine/modern-medicine-news/patients-dont-want-use-social-media-cont

Rodham, K. & Gavin, J. (2006). The ethics of using the Internet to collect qualitative research data. *Research Ethics Review*, *2*(3), 83-116. doi:10.1177/174701610600200303

Should doctors be paid to use social media (2013). Posted on May 18, 2013. Retrieved on July 25, 2013 at http://33charts.com/2013/05/doctors-paid-social-media.html.

Sidhu, J. (2012). Using social media to market your practice. *Dynamic Chiropractic*, *30*(23), November 4, 1-4. Retrieved at http://dynamicchiropractic.com/mpacms/dc/article.php?id=56206

SPSS IBM Company (2012). SPSS Statistics 20. Retrieved on April 16, 2013 from http://www-01.ibm.com/software/analytics/spss/products/statistics/upgrade.html.

Thielst, C. (2011). Social media: Ubiquitous community and patient engagement. *Frontiers of Health Services Management*, *28*(2), 3-14. Retrieved at http://www.ncbi.nlm.nih.gov/pubmed/22256506

U.S. Department of Health & Human Services (2013). New rule protects patient privacy, secures health information. Retrieved on April 15, 2013 at: http://www.hhs.gov/news/press/2013pres/01/20130117b.html

Weider, B. (2009a). Social media policy and employee guidance. Posted August 12, 2009. Retrieved on April 1, 2013 at http://candidcio.com/2009/08/12/social-media-policy-and-employee-guidance/

Weider, B. (2009b). Social media policy and employee guidance. Posted October 20, 2009. Retrieved on April 1, 2013 at http://candidcio.com/2009/10/12/social-media-policy-and-employee-guidance/

Wiener, L., Crum, C. Grady, C., & Merchant, M. (2012). To friend or not to friend: The use of social media in clinical oncology. *Journal of Oncology*, *8*(2), 103-106. doi:10.1200/JOP.2011.000357

Table 1. Common Themes Identified in Blog Comments

Reasons Given as to Why Physicians Should or Should Not Use Facebook	N	%
1. Separation or Boundaries	131	45
2. Privacy	93	32
3. Unethical, HIPAA Violation	63	21.6
4. Unprofessional	48	16.5
5. Facebook can make communication easier	37	12.7
6. Facebook can be useful for business purposes (e.g., marketing, sharing information)	34	11.7
7. Acceptable if physicians are careful and professional	32	11.0
8. Physicians are human or physicians are people too and should not be banned from Facebook	20	6.9
9. Social Media policy, code of conduct, and/or training for physicians is needed	14	4.5
10. An interactive website for medical practice is more appropriate	8	2.7
Reasons why Doctors and Patients Should or Should Not be Facebook Friends	**N**	**%**
1. Separation or Boundaries	95	53.4
2. Privacy	47	26.4
3. Unprofessional	31	17.4
4. Unethical, HIPAA Violation	30	16.8
5. Acceptable if doctors are careful and professional	19	10.7
6. Facebook can make communication easier	8	4.5
7. Acceptable if doctor and patient are truly friends	5	2.8

Table 2. Sample Comments for All Themes or Reasons Given as to Why Physicians Should or Should Not Use Facebook

Separation or Boundaries
1. Most of my patients have told me that what I'm doing is important and that it is "refreshing" to see a physician climb down out of the ivory tower, cross the boundaries (mostly imposed by the archaic notions of physicians regarding that imaginary line), and BE REAL.
Privacy
2. What happened to the appropriateness of maintaining our privacy? Where have all the boundaries gone? If someone puts a photo of themselves on Facebook miming a sex act, or sans clothing, it's practically a certainty that photo will come back to haunt them when they get older. Young people especially don't seem to understand this. Once you put something there, it's there forever. Why do so many people not seem to understand that anymore?
Unethical, HIPAA Violation
3. It is remarkable that doctors and medical professionals are embracing the new age of Web 2.0 and social media to engage their younger patients. Yet, it is a two-sided coin. On one side they are reaching patients with better, more relevant and enticing information. On the other, they are opening the door for accidental release of information and HIPAA violations.
Unprofessional
6. What exactly does a doctor have to gain from using social media? Professionally, it sounds like it's all risk, no reward. . . . Even a trivial accusation of unprofessional conduct on the web is going to cause a doctor enough grief to outweigh any benefit he may get.
Facebook can make communication easier
7. The best reason for doctors to be on Facebook is that it is where their patients are. There is no better platform for making a difference in a patient's level of knowledge than there. You can set up a practice page that is separate from your personal page. . . . As medical techniques have advanced, so should the communication strategies. If you want your patients to be well and stay well, you need to engage them and to do that, you need to be where they are. Give it a try, your patients will "like" you for it!

Table 2. Continued

Facebook can be useful for business purposes (e.g., marketing, sharing information)
8. Because people find doctors through word of mouth recommendations, I, for one, believe that it's good for doctors to use their Facebook profile as a marketing tool. Facebook makes it so easy to share. I think doctors would want their patients to go home and share their doctor's profile with their 500 friends saying "I just saw the best doctor ever!" And of course, if Facebook is used correctly, all of those patient's friends see only what you want to show professionally.
Acceptable if doctors are careful and professional
9. I use the "office approach", which means I don't post anything on Facebook that I wouldn't want a patient to see if they were sitting in my office.
Doctors are human or doctors are people too and should not be banned from Facebook
10. Doctors are more than their professional title. They are human beings and when we persist in viewing them as their job title, we dehumanize them just enough to expect conduct that is both unrealistic and impractical. Having a forum to stay connected or post photos for family members to see is not something that needs to be sacrificed provided basic precautions are taken. "Think before you post" is an excellent idea for EVERYONE not just professionals. Between that and utilizing privacy settings to the maximum, I think this debate becomes somewhat moot. A little common sense is all that is needed here.
Social Media policy, code of conduct, and/or training for doctors is needed
11. What is needed is a code of conduct for social networking sites.
12. While social media can enrich doctor-patient relationships, obtaining online literacy is essential to avoid privacy fiascos with patients. I think there is certainly some responsibility on the part of hospitals to inform them of these issues.
An interactive website for medical practice is more appropriate
13. Forget about Facebook if you don't even have a website. Websites are much more effective and safe. There are no better resources you can provide for patients than your own information. Start with a website, develop a blog, and if you want to get into social media, start with Twitter.
14. While I don’t consider Facebook to be an appropriate channel of communication, my doctor's office has a website through which I can ask (privately) questions or make appointments and on which they can post information and links. It works fine. It's professional. Appropriate boundaries are good.

Table 3. Sample Comments for Themes or Reasons why Doctors and Patients Should or Should Not be Facebook Friends

Separation or Boundaries
1. The doctor-patient-friend relationship is essential . . . it is built on bidirectional communication and transparency. . . . In my opinion, it is in the blurring of the boundaries between the professional and the familiar that medicine- and healing- really take place.
2. I think most professionals (not just in Healthcare) agree that Facebook is probably best for personal use, separated from work life.
Privacy
3. It is possible to edit "Privacy Settings" and put patients onto a "Friend List" and then "Customize" so that the Patient Friend List can only see a limited amount of data.
Unprofessional
4. EVEN if your doctor views you as a friend, this is a bad idea. . . . . He is a professional, and he may have seen you socially a few times, but he would likely find it highly unprofessional to have a patient on his Facebook page and open himself up to that kind of exposure.
Unethical, HIPAA Violation
5. The very existence of a patient-physician relationship (e.g. others might suspect a Facebook friend is a patient) could be a violation of HIPAA.
Acceptable if doctors are careful and professional
6. We do live in America and Doctors are people too, so why shouldn't they be on Facebook? As long as they don't post sensitive material like information that goes against HIPAA Privacy Rules, Doctors needn't be concerned about using Facebook.
Facebook can make communication easier
7. Giving teens the opportunity to ask an anonymous question of a health care professional online is preferable to teens being unable or unwilling to voice their questions to their doctor in person, or worse yet, attempting to pick up information from the Internet or their potentially similarly uninformed peers.
Acceptable if doctor and patient are truly friends
8. That doctor needs to tell patients NO. . . . The exception would be patients that are truly friends. . . . Otherwise it is important to separate work and personal.